**Rocky Mountain National Park**

**BACKCOUNTRY TRAVEL PLAN**

**Group:****Solo:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date/Time Start:** |  | **Date End:** |  | **Estimated Return Time:** |  |

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| --- | --- | --- | --- |
| **ENTRY PT.** |  | **EXIT PT.** |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Leader: |  | Radio# |  | Clothing Description: |  | Pack Color: |  |
| Name: |  | Radio# |  | Clothing Description: |  | Pack Color: |  |
| Name: |  | Radio# |  | Clothing Description: |  | Pack Color: |  |
| Name: |  | Radio# |  | Clothing Description: |  | Pack Color: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Re-contact phone#** |  | Supervisor: |  | Supvr. Phone# |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Communications Devices:** | CELL PHONE# |  | SATELLITE PHONE # |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Travel By:** (check all that apply) | Foot: |  | Ski |  | Snowshoe |  | Horse |  | Snowmobile |  | ATV |  |

**Vehicle(s):**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Make/Model: |  | Color: |  | License Plate/State: |  | Parked at: |  |
| Make/Model: |  | Color: |  | License Plate/State: |  | Parked at: |  |

**Detailed Itinerary:** List travel plan (trails, routes) for each day and where you plan to stay each night. Please be detailed. Use an additional sheet if necessary.

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**Risk Management Considerations** (Examples: glacier/snowfield travel, helicopter operations, river crossing, solo travel, high country travel, weather forecast) :

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**Equipment:** Compass  Map  GPS  Signal Mirror  Flare  Whistle  Flashlight/Headlamp

**(***check in* all First Aid Kit  Reflective Marker  Space Blanket  Locator Beacon  Helmet  Ice Ax

*applicable***)**  Shelter/Bivy Gear  Avalanche Beacon  Probe Pole  Shovel  Rope

|  |  |  |  |
| --- | --- | --- | --- |
| Weapon(s) (specify): |  | Other(specify): |  |

**Equipment Identifiers:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Tent Color(s): |  | Tent Fly Color(s): |  | Helmet Color(s): |  |

**Please describe any known or suspected problems with radio contact that you anticipate:**

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**Additional information:**

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**Comm. Center Received (**date/time/initials)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. ROMO 7 REV 3/16/06